



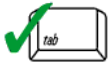
Massachusetts Department of Environmental Protection  
Bureau of Air and Waste – Stage II Vapor Recovery Program

# Stage II Form F

MassDEP Facility Account # \_\_\_\_\_

## Stage II System Closure Notification

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Postmarked

### A. Stage II System Documentation

1. Stage II System Location:

\_\_\_\_\_  
Name of Facility Where the Stage II System is Installed

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
MA

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

2. Stage II System Responsible Official #1 (point of contact for Stage II related correspondence):

\_\_\_\_\_  
Name of Stage II System Responsible Official #1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

3. Stage II System Responsible Official #2 (fill out only if applicable):

\_\_\_\_\_  
Name of Stage II System Responsible Official #2

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

4. Annual Stage II System Compliance Fee Billing Documentation:

\_\_\_\_\_  
Name of Dept., Division, etc, otherwise leave blank. Please do **not** indicate contact name.

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Company (Corp., Co., Inc., LLC, etc.)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code



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### B. Stage II System Tank Closure Status

1. **Type of Storage Tank System:**

- a. Underground Storage Tank (UST)? ☐ Yes ☐ No (If Yes, go to question 2.)  
b. Aboveground Storage Tank (AST)? ☐ Yes ☐ No (If Yes, skip to question 5.)  
c. Mobile Tank Truck (MTT)? ☐ Yes ☐ No (If Yes, skip to question 6.)

2. **Stage II System Underground Storage Tank (UST) Status:**

**Please Note:** To determine correct tank status (for 2 a., b., & c.) please refer to the MassDEP UST regulation 310 CMR 80.00 (80.41 - 80.43): <http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

Please answer "Yes" to **ONE** of the following: **a, b, c, or d.**

- a. Are **all** gasoline tanks **removed**? ☐ Yes ☐ No  
b. Are **all** gasoline tanks **temporarily out of service**? ☐ Yes ☐ No  
c. Are **all** gasoline tanks **permanently closed in place**? ☐ Yes ☐ No  
d. Are **all** gasoline tanks converted to a **fuel other than gasoline**? ☐ Yes ☐ No

For questions 2. a-d indicate date UST status changed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. **Permanently Closing UST Systems in Place:**

A UST system can be **permanently closed in place** for the following two scenarios (310 CMR 80.43(3)):

- a. The UST system is located under a building and cannot be removed without first removing the building; **or**  
b. The UST System is located so that it cannot be removed without endangering the structural integrity of another UST system, structure, underground piping, or underground utilities.

For more information regarding USTs that are Permanently Closed in Place please refer to the UST Program "Frequently Asked Questions: 310 CMR 80.00", which can be accessed at the following UST Program Website link: <http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

4. **UST Online Filing Data Management System:**

- a. If **all** gasoline tanks are **temporarily out of service, permanently closed in place, removed, or converted to a fuel other than gasoline**, have you updated the status of each UST in the MassDEP UST Online Filing Data Management System?

☐ Yes ☐ No

If **NO**, you are required to update the status of all USTs in the MassDEP UST Online Filing Data Management System within 30 days. The UST data management system can be accessed at the following UST program website link:

<http://www.mass.gov/eea/agencies/massdep/toxics/ust/>



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## Stage II System Closure Notification

### B. Stage II System Tank Closure Status (cont.)

#### 5. Stage II System Aboveground Storage Tank (AST) Status:

Please answer "Yes" to **ONE** of the following: a, b, c, or d.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Stage II AST been <b>removed</b> from this facility?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Stage II AST been taken <b>temporarily out of service</b> at this facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Stage II AST been taken <b>permanently out of service</b> at this facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Stage II AST been converted to a <b>fuel other than gasoline</b> ?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For questions 5. a-d indicate date AST status changed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please contact your local fire department for regulations and other forms applicable to ASTs.

#### 6. Stage II System Mobile Tank Truck (MTT) Status:

Please answer "Yes" to **ONE** of the following: a, b, c, or d.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Stage II MTT been <b>removed</b> from this facility?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Stage II MTT been taken <b>temporarily out of service</b> at this facility?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Stage II MTT been taken <b>permanently out of service</b> at this facility<br>and has the Stage II dispensing equipment been removed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Stage II MTT been converted to a <b>fuel other than gasoline</b> ?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For questions 6. a-d indicate date MTT status changed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please contact your local fire department for any additional forms or regulations applicable to MTT's.

#### 7. **Please Note:** Stage II Systems that are **Temporarily Out of Service (TOS)** are still **ACTIVE** Stage II accounts and your facility will continue to receive an:

- Annual MassDEP Stage II Fuel Dispensing Facility Compliance fee since TOS facilities are subject to the annual compliance fee.
- For additional requirements for Stage II Systems that are temporarily out of service please refer to Stage II Regulation 310 CMR 7.24(6)(e)3.

<http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>



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### C. Future Facility Use

1. If the gasoline tanks were removed will **new gasoline tanks be installed**? ☐ Yes ☐ No

If **YES** when are the new tanks scheduled to be installed? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If **NO**, proceed to question, C.2.

If new **USTs**, **ASTs**, or **MTTs** are installed a **Stage I Form A** must be submitted to MassDEP within 7 days of passing all Stage I tests.

If new **USTs** are installed you are required to register the new USTs in the MassDEP UST Online Filing Data Management System within 30 days. The UST data management system can be accessed at the following UST Program website link:

<http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

2. Will the facility referenced in this Notification continue to be used for another business operation that is regulated by MassDEP? (new gas station, auto repair, auto body, car wash, etc.)

☐ Yes ☐ No

If **YES**, please specify: \_\_\_\_\_

3. Has the referenced facility been sold or leased to a new facility owner/lessee? ☐ Yes ☐ No

If **YES**, please provide the following new facility owner/lessee information:

\_\_\_\_\_  
Name of New Facility Owner/Lessee

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Company Name and/or Facility Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

4. What is the **effective date** the new facility owner/lessee took control of the referenced facility? \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## D. Compliance Certification

I certify that, where I have indicated that I am the Stage II System Responsible Official, **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and **(b)** I am fully authorized to make this attestation on behalf of the facility.

\_\_\_\_\_  
Printed Name of Stage II Responsible Official #1

\_\_\_\_\_  
Signature of Stage II Responsible Official #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Stage II Responsible Official #2

\_\_\_\_\_  
Signature of Stage II Responsible Official #2

\_\_\_\_\_  
Date